

## POLICY

Medication orders for non-controlled substances may be issued by the prescribing authority in writing, electronically through a secured medication ordering system, or by telephone. Telephone orders must be documented in writing and signed by the prescribing authority within seven calendar days of the verbal order. Medication orders for controlled substances must be in writing. Medications consist of three types in this policy and related policies [JRM 340](#), [JRM 381](#) and [JRM 382](#):

- Over-the-counter (OTC) medications; medications that can be purchased without a prescription.
- Prescription medications; medications prescribed by authority above.
- Controlled substances; medications appearing on a federal schedule which require special controls for various reasons including high potential for addiction or abuse.
  - Controlled substances are indicated by packaging with distinctive labeling (for example, a red "C").
  - Controlled substances must be stored separately from other prescription medications.

Following removal from storage, individual staff in the classifications below designated to administer medications to a youth may administer controlled substances to a youth as prescribed.

Psychotropic medications are prescription medications and may also be controlled substances; see [JRM 340, Psychotropic Medications](#).

## PURPOSE

To ensure that each youth receives necessary and appropriately authorized medication.

## DEFINITIONS

See [JRG, JJ Residential Glossary](#).

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**RESPONSIBLE  
STAFF**

Responsible staff for prescription practices includes the facility director, facility managers, direct care staff, and contracted medical staff. Staff designated to store, dispense, and dispose of medications must be in one of the following groups:

- Program manager (youth residential director).
- Shift supervisor (youth specialist supervisor).
- Youth group leader.
- Social worker.
- Youth specialist.
- Youth aide.
- Contracted medical staff including nurses, medical and pharmacy technicians.

Private agencies may determine their own designated medication staff.

**PROCEDURE**

Each facility must develop and implement written standard operating procedures for prescription practices that describe how this policy is implemented at the facility. Procedures must contain the following requirements:

**Intake Medication  
Verification**

Prior to intake, as part of scheduling an accepted referral for placement, staff must, to the extent practical, contact the juvenile justice specialist or court probation officer and attempt to determine if the youth will be arriving with any medications, including medications that are dispensed by other than the oral route (for example, intravenous, intramuscular, subcutaneous).

Staff must review any medical records available or provided including the DHS-221, Medical Passport, to assist in evaluating the youth's medication needs.

At intake, staff must interview the youth and the parent/guardian/transport staff to determine if the youth is taking any medications.

At intake, staff must review any additional records provided, including the DHS-221, Medical Passport, to determine if there are

any medications prescribed or orders to discontinue medications. Medications that are the subject of discontinuation orders may not be administered and must be disposed; see [JRM 382, Medication Storage and Disposal](#).

Only medications from a licensed pharmacy, with a current, patient-specific label intact on the original medication container, may be accepted into the facility.

Prior to entry of the medications into the facility medication storage and administration system, all of the following requirements must be met:

- The youth or parent/guardian must report the youth is taking the medication.
- The youth, parent/guardian or transporter has brought the medication to the facility.
- The medication is properly labeled per criteria described later in this policy.

Designated staff must enter any medications arriving with a youth, parent/guardian or transporter into the facility's medication storage and administration system.

Medication administration for medications meeting the above criteria must continue until the newly admitted youth is evaluated by a physician.

In cases where there are staff questions prior to the physician evaluation, the authenticity of a prescription medication must be verified by:

- Calling the pharmacy that dispensed the medication.
- Calling the outside provider (for example, the physician) who prescribed the medication.

Staff must ensure that the youth is referred to a physician for an intake medication review as soon as feasible and in any case within seven calendar days of admission. The physician may make use of videoconferencing to speak with the youth during the evaluation if unable to meet with the youth in person.

The facility must contact a physician within 24 hours for any case when:

- The youth is prescribed a medication which must be administered intramuscularly, subcutaneously (for example, insulin for a diabetic), or intravenously.
- The youth is admitted without a prescription medication that he/she reports taking (or with an empty medication container).
- Staff is uncertain or has reasonable doubt about the need, appropriateness or effectiveness of the medication.
- Staff at the facility is uncertain as to the status of the medication.
- Any other situation that appears to require a medication evaluation.

Staff must document situations requiring physician contact above in an incident report.

Where concern for the youth's medical status exists, an evaluation by a physician must be conducted regardless of the status of the prescription.

Staff must notify the parent, guardian or transporter by telephone to pick up any medication that is not successfully verified. Staff must explain why the medication cannot be used and inform the parent/guardian transporter that the medication will be held for 10 calendar days and then will be disposed of. These medications must be securely stored until disposed of.

### **Prescription Order Requirements**

All prescriptions must be prescribed in accordance with standard prescribing practices and protocols.

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**Medication  
Labeling**

Each container for prescription medications must be labeled with at least:

- Name of the youth.
- Name of the person prescribing the medication.
- Name of the medication, dosage and directions for its use.
- Date filled.
- Name and address of the pharmacy or supplier.
- Expiration date.
- Warning statements; if applicable.

**Bulk Medication  
Limits**

Prescription medications must not be purchased in bulk form, stored, saved or otherwise kept in inventory except when:

- Used for immunizations or Tuberculin skin testing.
- Contained in kits used for emergency resuscitation or treatment including Epinephrine (Epi-pens) or Albuterol inhalers.
- As a limited supply of injectable Glucagon for emergency treatment of insulin-induced hypoglycemia when contracted health services staff or trained staff are available.
- Stored as insulin for diabetic use; insulin for individual youth must still be prescribed in terms of an individual dose.
- Kwell (lindane) or other ectoparasiticide/ovicide.

Bulk medications must be ordered by a physician using the physician's Drug Enforcement Administration number.

A monthly supply of medications for an individual youth does not constitute storing in bulk form.

**Youth Transfer or  
Release Practices**

The sending facility must coordinate transfer or release with the youth's parent/guardian and the next placement to ensure the youth has access to required medications and that informed consent for psychotropic medications is in place. Based on coordination and

need, the facility may provide up to a 45-calendar-day supply of medications to the youth. If psychotropic medications must be prescribed for continued use, informed consent must be in place or obtained; see [JRM 340, Psychotropic Medications](#), and FOM 802-1, Psychotropic Medication in Foster Care for youth with open foster care cases including dual wards. If the parents are unavailable or refuse to provide consent, the facility director or designee must file a motion with the court requesting consent for the prescription and use of necessary psychotropic medication.

The facility must provide medication administration records with each medication.

The facility director or designee must require the person transporting the youth and the person accepting care of the youth sign a facility receipt form for medications. The receipt must:

- Include the printed name and signature of the person providing the medication(s).
- Include the printed name and signature of the person receiving the medication(s).
- Include the name(s) of the medication(s).
- Include the quantity(ies) of each medication.
- Include instructions for the return of unused medication(s).
- Be retained at the sending facility.

### Expired Medication Limits

Expired or excess medication must be:

- Kept to a minimum and securely stored pending return or disposal.
- Returned to the pharmaceutical supplier for credit when feasible.
- Disposed of in accordance with [JRM 382, Medication Storage and Disposal](#).

### LEGAL BASIS

Child Caring Institutions Rules, R400.4161